

CLAIMS ONLY						Application Number 09466144	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Indep	Depend
1	1						
2		1					
3							
4							
5							
6							
7		1					
8		1					
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48							
49							
50							
Total Indep.	3						
Total Depend.	24	←	←	←			
Total Claims	27						

BEST AVAILABLE COPY